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Traumatic Coagulopathy and Massive Transfusion:
Improving Outcomes and Saving Blood.

STANDARD OPERATING PROCEDURE

Data Collection – TARN Local Data Coordinators

[redacted]

Signed off by:

_____ Date:

Dr Simon Stanworth (Chief Investigator)

[redacted]

Author:

_____ Date:

[redacted]

INTRODUCTION

The objective of this Standard Operating Procedure (SOP) is to ensure the local Trauma Audit Research Network (TARN) data coordinators collate and enter the relevant data in the additional data fields as part of the Traumatic Coagulopathy and Massive Transfusion survey in compliance with the study protocol.

DATA ENTRY – TARN Data Coordinators

1. Identify patient for TARN data entry as per existing TARN inclusion criteria and allocate TARN submission ID number

2. Inclusion criteria for trauma study – Has patient received 4 units of blood/blood components in first 24 hours post admission? If uncertain contact your hospital Transfusion Laboratory Manager to confirm

3. Collate and photocopy all patient drug charts, fluid charts and blood/blood product transfusion charts from admission up to 24 hours post admission to include:

- Blood/Blood products transfused: Red blood cells, Fresh Frozen Plasma, Platelets, Cryoprecipitate and Beriplex/Octoplex
- Fluids: Dextrose, Colloid, Crystalloid, Polygelatine (Haemaccel), Starch, Hypotonic Saline, Albumin and Hartmans

Where possible using a 24 hour clock please record the time blood/blood products or other intravenous fluids were commenced and completed – if times not available please state

- Drugs/Anticoagulants given: From drop down box please insert Aspirin, Heparin, Warfarin, Fragmin and Enoxaparine
- Drugs/Procoagulants given: From drop down box please insert Factor VIIa, Tranexamic Acid, Aprotinin, e-aminocaproic Acid
- Anticoagulants patient taking pre injury: From drop down box please insert either Warfarin, Aspirin, Clopridogrel or Dipyridamole

Where possible using a 24 hour clock please record the time anticoagulants or procoagulants were given – if times not available please state

- Pre existing bleeding conditions: From drop down box please insert e.g. Haemophilia or Von Willebrands Disease

4. Anonymise all data photocopied using TARN submission ID number and send to TARN recorded delivery. All data entry will be completed by TARN centrally not by the TARN coordinator

5. Complete existing and additional TARN data fields

6. Contact the Transfusion Laboratory Manager in blood bank and provide them with the TARN submission ID number, this will be used to anonymise the 30 transfusion report which the TLM will send directly to TARN

TARN Data Coordinators **will not** enter data related to transfusion related complications, this information will be collated by the Central Research Nurse/Study Coordinator.

ADDITIONAL GUIDANCE/REFERENCE NOTES:

Blood Results:

	minimum values	maximum values
Haemoglobin level	1.0	23.0g/L
Platelet Count	0	3000 10^9/L
Fibrinogen levels	0.1	10 g/L
PT (Prothrombin Time)	10	160 sec
INR (International Normalised Ratio)	0.5	15
aPTT (Activated Partial Thromboplastin Time)	20	200 sec
aPPTR (Activated Partial Thromboplastin Time Ratio)	0	1.5

Red Blood Cells – In non urgent cases generally given as a dose of 1 unit at a time over a period of 2 - 4 hours **but** in urgent massive haemorrhage situation more units will be transfused rapidly.

Fresh Frozen Plasma (FFP) – Adult dose generally given as 4 units at a time

Platelets – Generally given as 1 unit at a time

Cryoprecipitate – Issued by Blood Bank as a pooled product – typical adult dose is 2 pools (containing 5 units each)

[redacted] will liaise by telephone and undertake site visits to meet the TARN data coordinators and Transfusion Laboratory Manager/blood bank staff regarding any data collection issues or missing data.

Contact details: [redacted]

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